

Registration form for „The House and Pet Care“

We look forward to welcoming you as a new customer at „THE HOUSE AND PET CARE“.

First read this registration form carefully and fill it in completely before your first appointment with „THE HOUSE AND PET CARE“. Please sign the completed form and return it to us at least one week before the agreed date.

Pet

Name: _____

Animal species: _____

Breed: _____ Gender: ____F____M____

Birthday: _____ Weight: _____kg__ Neutered: __Y____N____

Chip: ____Y____N____ Chipnumber: _____

Animal insurance: __Y____N____ Insurance name: _____

Insurance number: _____

Animal Owner

Name, First name: _____

Address: _____

Phone/Mobile: _____ Emergency number _____

E-Mail: _____ Contact via What'sApp: ____Y____N____

Vet

Vet (Name, Address):

Information on orthopaedic operations

Operations (date/approximate time): _____

When was the operation after which the orthopaedic problem was diagnosed?

Acute / time scheduled: _____

Implants: _____

General information about your animal

How long have you owned the animal? puppy / animal protection / animal shelter

For shelter/animal welfare animals: Do you know the animal's history? ___Y___N___

What abnormalities have you already observed as a new owner?

FOOD

Amount of food/day: _____ as wet or dry food / both

Treats: ___Y___N___ Which one? : _____

Drinking behaviour: normal / much / little / seasonally variable

Frequency of walks: _____ Duration of the walk: _____

Do you do any dog sports with your dog? ___Y___N___

Does your dog need safety precautions at the vet (muzzle, tranquillisers)?

What is your animal like in terms of temperament/ towards strangers?

Can your animal be touched everywhere? ___Y___N___

General veterinary information about your animal

Internal disease: ___Y___N___

Which ones? Diabetes: ___Y___N___ Epilepsy: ___Y___N___ Heart problems: ___Y___N___

Allergies: ___Y___N___ Cortisone-related obesity: ___Y___N___

Does your pet suffer from behavioural/character changes? ___Y___N___ Seasonal? ___Y___N___

Does your pet currently have any internal problems? ___Y___N___ Under investigation? ___Y___N___

Permanent medication/dosage:

Orthopaedic disease: ___Y___N___

Which? Cruciate ligament rupture: ___Y___N___ Discus prolaps: ___Y___N___ ED/HD: ___Y___N___

Contracture in the muscle: ___Y___N___ Patellar dislocation: ___Y___N___

Has your animal ever been treated by an animal physiotherapist/osteopath? ___Y___N___

Due to which diagnosis? _____

Does your pet insurance cover the costs of animal physiotherapy? ___Y___N___

Do you need a separate invoice for animal physiotherapy? ___Y___N___

Declaration of aproval

With your signature you agree to the following conditions:

- I agree that my pet will be treated and cared for by a qualified and state-certified veterinary nurse during my absence.
- I will inform and instruct „The House and Pet Care“ sitter in detail about the medication, its dosage and daily administration. (see General Terms and Conditions, point 1.6)
- I also agree to the General Terms and Conditions.

Place, Date

Signature